뤴	Washington State Department of Social & Health Services
CA Childr	en's Administration

## CHILDREN'S ADMINISTRATION DIVISION OF CHILDREN AND FAMILY SERVICES

FIELD	OFFICE	

MONTH/YEAR

## MILEAGE REIMBURSEMENT

					WIILEAGE	KEIIVID	OKSEWIEN	1			
NAME OF CLAIMANT								PROVIDER NUMBER			
ADDRESS							CITY		STA	TE ZIP CODE	
DATE	TRIP/TIME DEPART	TRIP/TIME	FROM: (START POINT)	TO: (END POINT)	PURPOSE OF TRIF	P # OF MILES	CH	HILD'S FULL NAME		SOCIAL WORKER	WORKER
	BEITHE	KETOKK	(OTATE TOTAL)	(END ) OII(1)	(OLL )	WIIEEG					II TI II TE
*** PURI	POSE OF T		ISITATION COUNSELING		OL-RELATED AC T HEARING	TIVITY		ROM PLACEMENT CAL APPOINTMENT	7. MIS	C. FEES (i.e.parking IER (SPECIFY)	j, ferry etc.)
					FFICE USE ONL	Y! DO N					
MILES	RATE <b>0.44</b>		EIMBURSEMENT	AUTHORIZATIC	N NUMBER DATE		NITIALS	SOCIAL WORKER APP	'ROVAL		
SHS 07-079 (REV. 03/2006)						SUPERVISOR APPROVAL					